

**LEGISLATIVE SERVICES AGENCY
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FISCAL IMPACT STATEMENT

LS 7042

BILL NUMBER: SB 336

NOTE PREPARED: Feb 1, 2006

BILL AMENDED: Jan 31, 2006

SUBJECT: Care and Management of Student Diabetes at School.

FIRST AUTHOR: Sen. Landske

FIRST SPONSOR:

BILL STATUS: 2nd Reading - 1st House

FUNDS AFFECTED: X **GENERAL**
DEDICATED
FEDERAL

IMPACT: State & Local

Summary of Legislation: *Student Diabetes Training Program:* The bill requires the Department of Education and the State Department of Health to develop and implement a pilot student diabetes management program before July 1, 2007, and a statewide program before July 1, 2009.

Student Diabetes Training Program: The bill establishes a training program for school employees who are not health care professionals to assist students with diabetes in managing and treating the diabetes.

Individualized Student Health Plans: The bill sets forth requirements for individualized health plans for students who will be managing and treating diabetes while at school or school activities.

Effective Date: July 1, 2006.

Explanation of State Expenditures: (Revised) *Student Diabetes Training Program:* The State Department of Health along with the Department of Education would be required to develop a training program for school care assistants under the guidelines specified in the bill. The bill does not make an appropriation to cover the development of the training program. The bill would require a pilot program to begin by July 1, 2007 and implement a statewide program by July 1, 2009.

State Department of Health: The State Department of Health reports that the following additional expenditures would be required to start up the training program.

Table 1: Estimated SDOH Expenditures for a Training Program	Estimated Expenditure
PAT Staff Position	\$42,500
Interstate Travel	\$12,000
Supplies	\$5,000
TOTAL	\$59,500

Department of Education: The Department of Education reports that a pilot program would require the Department to call together an advisory group of DOE, Department of Health, school nurses, other medical personnel, parents and school officials to develop a plan. Meetings of an advisory group could require expenditures for per diem, mileage, materials such as printing, and phone expenditures.

The funds and resources required above could be supplied through a variety of sources, including the following: (1) existing staff and resources not currently being used to capacity; (2) existing staff and resources currently being used in another program; (3) authorized, but vacant, staff positions, including those positions that would need to be reclassified; (4) funds that, otherwise, would be reverted; or (5) new appropriations. Ultimately, the source of funds and resources required to satisfy the requirements of this bill will depend upon legislative and administrative actions.

Background Department of Health: The Department of Health was appropriated \$27.3 M in FY 2006 and \$27.3 M in FY 2007 by the General Assembly. The Department of Health reverted \$417,320 at the end of FY 2005 to the state General Fund. As of January 23, 2006, the Department of Health has had 37 position vacancies occur within the last three months with salary valued at \$1.2 M.

Background Department of Education: As of October 4, 2005, the Department of Education had 295 full-time, four part-time, 11 intermittent employees, and six employees on leave. The Department of Education reverted \$0.9 M in FY 2005. The Department currently provides technical assistance including professional development in the area of student health conditions.

Explanation of State Revenues:

Explanation of Local Expenditures: (Revised) *Student Diabetes Training Program:* Under the bill, any public school with a diabetic student enrolled would be required to have adequate personnel to safely implement a diabetes case plan. Existing staff would be trained by either a health care professional or a school nurse. The impact of this provision to school expenditures would depend on the arrangement made between the school and the employee to be trained. Most if not all expenses could be mitigated if either a school nurse or volunteer health professional were to provide the training within the normal course of business. Once a school had the required persons trained, the school would not need to further train individuals unless the trained staff member(s) were to end their employment at the school.

Individualized Student Health Plans: Under the bill, school principals and nurses would be required to develop a health plan with each diabetic student in attendance at the school. Principals and nurses would likely require additional administrative time to compile and implement student health plans. Schools would likely be able to accomplish both provisions within existing resources.

Background Information: Current law requires that school employees who are responsible for administering injectable insulin or glucose testing and are not certified in a medical field must obtain training from a medical practitioner or licensed nurse. There are approximately 1,138 nurses on staff within the state's public school system. There are approximately 1,900 public school buildings in Indiana.

Explanation of Local Revenues:

State Agencies Affected: State Department of Health; Department of Education.

Local Agencies Affected: Schools.

Information Sources: Phyllis Lewis, Department of Education 232-9111; Michelle Milliken, State Department of Health, 234-3808, DOE SAS DATABASES; State Budget Agency: *FY2005 General and Rainy Day Fund Summaries*; State of Indiana: *List of Appropriations July 1, 2005 to June 30, 2007*.

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